

## **Attachment 5**

### **Business Declaration Form**

**Solicitation No.: DTFAEN-12-R-00042**

**Closure Fence Project  
at the  
Saint Petersburg-Clearwater Airport, Air Traffic Control Tower  
Clearwater, Florida**

## **BUSINESS DECLARATION**

- 1 Name of Firm: \_\_\_\_\_ Tax Identification No.: \_\_\_\_\_
- 2 Address of Firm: \_\_\_\_\_ DUNS No.: \_\_\_\_\_
- 3 a. Telephone Number of Firm: \_\_\_\_\_ b. Fax Number of Firm: \_\_\_\_\_
- 4 a. Name of Person Making Declaration \_\_\_\_\_
- b. Telephone Number of Person Making Declaration \_\_\_\_\_
- c. Position Held in the Company \_\_\_\_\_
- 5 Controlling Interest in Company ("X" all appropriate boxes)
- ☐ a. Black American    ☐ b. Hispanic American    ☐ c. Native American    ☐ d. Asian American
- ☐ e. Other Minority (Specify) \_\_\_\_\_ ☐ f. Other (Specify) \_\_\_\_\_
- ☐ g. Female    ☐ h. Male    ☐ i. 8(a) Certified (Certification letter attached)    ☐ j. Service Disabled Veteran Small Business
- 6 Is the person identified in Number 4 above, responsible for day-to-day management and policy decision making, including but not limited to financial and management decisions?
- ☐ a. Yes    ☐ b. No    (If "NO," provide the name and telephone number of the person who has this authority.) \_\_\_\_\_
- 7 Nature of Business (Specify all services/products (NAIC)) \_\_\_\_\_
- 8 (a) Years the firm has been in business \_\_\_\_\_ (b) No. of Employees \_\_\_\_\_
- 9 Type of Ownership:    ☐ a. Sole Ownership    ☐ b. Partnership
- ☐ c. Other (Explain) \_\_\_\_\_
- 10 Gross receipts of the firm for the last three years:
- |                         |                           |                           |
|-------------------------|---------------------------|---------------------------|
|                         | a.1. Year Ending: _____   | b.1. Gross Receipts _____ |
| a.2. Year Ending: _____ | b.2. Gross Receipts _____ | a.3. Year Ending: _____   |
|                         |                           | b.3. Gross Receipts _____ |
- 11 Is the firm a small business? ☐ a. Yes    ☐ b. No
- 12 Is the firm a service disabled veteran owned small business? ☐ a. Yes    ☐ b. No
- 13 Is the firm a socially and economically disadvantaged small business? ☐ a. Yes    ☐ b. No

***I DECLARE THAT THE FOREGOING STATEMENTS CONCERNING \_\_\_\_\_ ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I AM AWARE THAT I AM SUBJECT TO CRIMINAL PROSECUTION UNDER THE PROVISIONS OF 18 USCS 1001.***

14. a. Signature \_\_\_\_\_ b. Date: \_\_\_\_\_
- c. Typed Name \_\_\_\_\_ d. Title: \_\_\_\_\_